

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/581184

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7	1		1			
8	1		1			
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	3		1			
18	1		1			
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50						
TOTAL IND.	8		8			
TOTAL DEP.	12	←	10	←		←
TOTAL CLAIMS	20		18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←		←		←
TOTAL CLAIMS						